

**Poultry Litter Transport Incentive
Chain of Custody**

Return this Form to:
Poultry Litter Transport Incentive
Program
Dept. of Conservation & Recreation
44 Sanger Lane, Suite 102,
Staunton, Va. 24401

SOURCE of the POULTRY LITTER

Name: _____

Address: _____

Contact Person: _____ **Telephone No.** _____

Tons of litter shipped: _____ **County:** ☐ Rockingham, HU Code- _____ ☐ Page, HU Code- _____

The above information is correct to the best of my knowledge. Further, I agree to the following requirements:

- Provide a copy of the most recent poultry litter analysis.
- Permitted operations must comply with all Poultry Waste Management Regulations requirements.
- No mortality (composted or otherwise) will be shipped as part of this incentive program.

Grower Signature _____ **Date** _____

POULTRY LITTER BROKER/TRANSPORTER

Name: _____

Address: _____

Contact Person: _____ **Telephone No.** _____

Tons of litter shipped: _____

The above information is correct to the best of my knowledge. Further, I agree to the following requirements:

- Vehicles transporting poultry litter, including any application equipment, will contain the manure within the cargo area without loss while operating on a public road.
- Brokers must comply with the reporting requirements of the Poultry Waste Management Regulations.
- No mortality (composted or otherwise) will be transported as part of this incentive program.

Broker/Transporter Signature _____ **Date** _____

END-USER OF POULTRY LITTER

Name: _____

Address: _____

Contact Person: _____ **Telephone No.** _____

Tons of litter received: _____ **County:** _____ **HU Code:** _____

The above information is correct to the best of my knowledge. Further, I agree to implement a current nutrient management plan prepared by a Virginia certified nutrient management planner that includes the use of poultry litter as a crop nutrient source.

End-user Signature _____ **Date** _____

Recipient of Incentive payment. (same person who submitted "Poultry Litter Transport Incentive Request Form")

Name: _____

Signature _____ **Date** _____